## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 28 1997 8:00am

Secretary of State

96/6)

## Sandra B. Mortham

Secretary of State \*
DIVISION OF CORPORATIONS

## DOCUMENT # P96000089328 (4)

OPTIMUM BROADCAST CONSULTING AND RESEARCH, INC.

Principal Place of Business Mailing Address 2041 S.W. 3RD AVE. 2041 S.W. 3RD AVE. MIAM! FL 33129 MIAMI FL 33129-1434 3. Date Incorporated or Qualified 3a. Date of Last Report 10/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, ctc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žκ Country 8. This corporation has liability for intengible tax under s. 199.032, 🛛 Yes 🔲 No 24 25 30 Florida Statutes 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARKUS, STUART A 2251 S.W. 22ND ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33145 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am fam fam fam ar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stignation, typical or predict name of regions and agent and to off a; plicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITE ■ Addition 1.1 TITLE THOMPSON, COURNTNEY R NAME 1.2 NAME 2041 S.W. 3RD AVE. STHEET ACCHESS 1.3 STREET ADDRESS **MIAMI FL 33129** CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition THE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY ST ZIP 2.4 CITY - ST - ZIP DELETE Addition TELE 3.1 TITLE Change NAME 3.2 NAME STEEL LABORESS 3.3 STREET ADDRESS CITY-SE-ZIP 3.4. CITY - ST-ZIP DELETE 1111 Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 011Y-S1 7(P 4.4 CITY - \$1.- ZIP DELETE TELE 5.1 TITLE Change Addition NAME: 5.2 NAME STHEET ADORESS 5.3 STREET ADDRESS CHY-\$1-70 5.4 CITY-ST-ZIP DELETE 1000 Change Addition 6.1 TITLE NAM: 6.2 NAME STREET ADD-51-5 6.3 STREET ADDRESS CITY-ST-20 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if phaliged, or on an attachment with an address.